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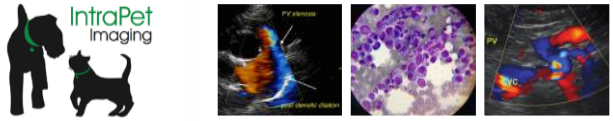

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Salem Scott

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

18 years

WEIGHT

6.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Animal Hospital at Southgate

REFERRING VET

Dr. Alexander

INVOICE

21573

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Labored breathing during exam; radiographs performed, and pleural effusion noted.
-Pertinent abnormal PE/Chem/CBC/UA Results: ALT: 247, T4: 14, remainder NSF.
-Current medications: Methimazole 5mg: 1/2-tab BID.
-Sedation used: Not needed.
-STAT: Declined by doctor.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. The LV chamber is normal with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is moderate to severely dilated. No obvious smoke. The right atrium is moderately dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trivial MR. Blood flow through both the LVOT and RVOT is normal in velocity. Mild to moderate TR. Velocity consistent with mild pulmonary hypertension. Scant pericardial effusion. Moderate volume pleural effusion seen. Ascites noted. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.1	124	0.44	1.7	0.45	53	86
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max (m/s)**
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.9	1.8		1.2	0.84	NM

Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of biatrial dilation in the face of normal LV wall thickness may suggest Unclassified Cardiomyopathy (UCM), however end-stage or burnout HCM, tachycardia-induced cardiomyopathy or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness noted today, ruling out typical chronic hypertrophic disease. The right heart also appears affected with significant RA dilation. No additional issues are identified.

The patient is also notably hyperthyroid, and the resultant tachycardia may be contributing to development of effusion. What is unusual is the heart rate during the echo is low (124bpm), which is difficult to explain in the absence of sedation and a T4 of 14. If this is truly the heart rate on exam then certainly Atenolol is not indicated; however, close monitoring of heart rate is advised while the patient is stabilized. Going forward once the T4 is controlled, we may be able to wean off cardiac medications depending on structural response. Controlling the thyroid ASAP is also clearly indicated. Consultation with an IM specialist may be useful if the thyroid is difficult to control.

Going forward, there will likely remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

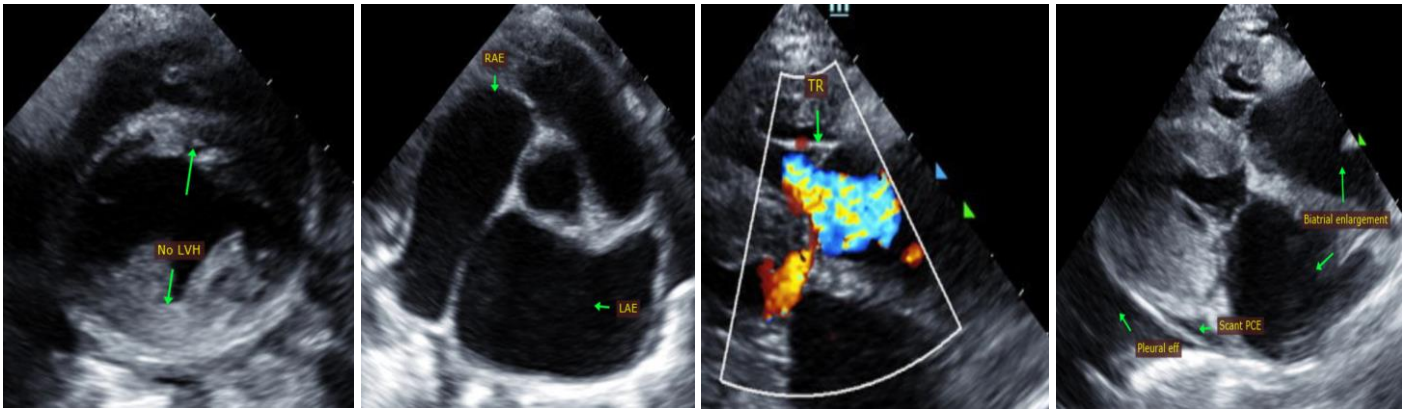
PLAN

Consider hospitalization and/or thoracocentesis if needed for stabilization. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Alter thyroid medication ASAP.

Recheck renal values, HR and BP in 10-14 days, then every 3-4 months lifelong. Target BP is <160mmHg in hospital. If HR is persistently elevated (>220bpm in hospital), consider low dose atenolol until the thyroid is controlled. Wean as able.

Recheck echocardiogram in 6 months once stable on oral medications to assess for progression.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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